

# **Exhibit 10**

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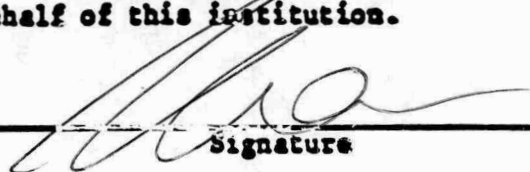
**RETURN TO:**

ECFMG  
3624 Market Street  
Philadelphia, PA 19104-2685  
U.S.A.

Re: 482-700-2

*Dr. Oluwafemi  
Charles Igberase*

I hereby certify that the attached diploma or other credential for the individual noted above is authentic and correct and that I am authorized to certify this on behalf of this institution.



Signature

3rd June, 1992

Date

JUDE UZOMA OHAERI

Name (Please Print or Type)

SUB-DEAN (UNDERGRADUATE) ✓

Title

COLL OF MED, UNIVERSITY OF IBADAN, NIGERIA.

Name of Medical School

WILLIAM DEAN UNDERGRADUATE  
FACULTY OF DENTISTRY  
COLLEGE OF MEDICINE  
UNIVERSITY OF IBADAN  
IBADAN NIGERIA

I cannot certify that the diploma or other credential for the individual noted above is authentic and correct because \_\_\_\_\_

Signature

Date

Name (Please Print or Type)

Title

Name of Medical School

Seal

Form 399A  
March 1987

*Charles Olufermi Igberaese*

having fulfilled all the requirements of the University  
and passed the prescribed examinations has this day  
been admitted to the degree of

Bachelor of Medicine  
and  
Bachelor of Surgery

*[Signature]*

*[Signature]*  
VICE-CHANCELLOR

DATE

*June 19, 1987*

*[Signature]*  
REGISTRAR

0-483-700-2  
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DEPARTMENT OF CLINICAL MEDICINE  
& DENTISTRY  
UNIVERSITY OF CALIFORNIA  
SCHOOL OF DENTISTRY  
JUL 13 1992

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JUL 13 1992

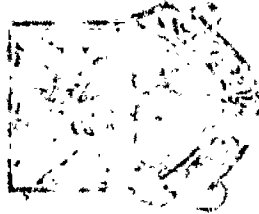
Principal of Stribel

Director of Medicine

been admitted to the practice of

and based on prescribed examinations per the qsa  
having fulfilled all the requirements of the University

of Practice (University of California)



University of California

# University of Ibadan



*Charles Olufermi Igberaese*

having fulfilled all the requirements of the University  
and passed the prescribed examinations has this day  
been admitted to the degree of

Bachelor of Medicine  
and  
Bachelor of Surgery

*[Signature]*  
VICE-CHANCELLOR

DATE

*June 19, 1987*

*[Signature]*  
REGISTRAR

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